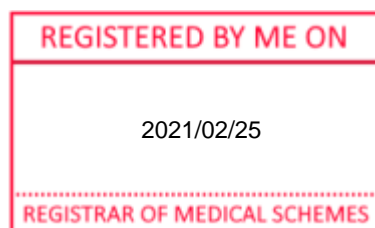
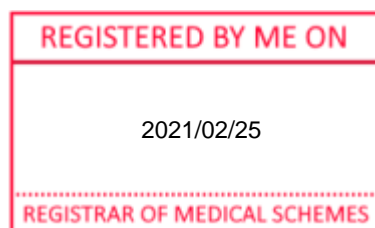


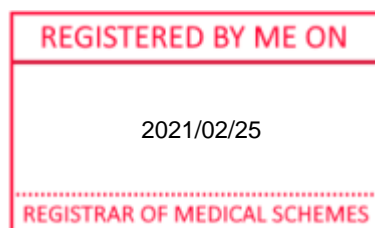
PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D3.1.5.2	Home Ventilators	No limit if specifically authorised.	No limit if specifically authorised.	
D3.1.5.3	Long leg callipers	Limited to and included in D20.2.	Limited to and included in D20.2.	
D3.1.5.4	Foot orthotics	No benefit.	No benefit.	
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B3)	No limit if specifically authorised.	No limit if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D5	CONSULTATIONS, VISITS BY MEDICAL PRACTITIONERS (See B1 and B3)			
D5.1	General Practitioners (Including Virtual Consultations)			This benefit excludes <ul style="list-style-type: none"> <li>• Dental Practitioners and Therapists (D6),</li> <li>• Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14);</li> <li>• Paramedical Services (D17);</li> <li>• Physiotherapists and Biokineticists in hospital (D19.1).</li> </ul>
D5.1.1	In Hospital	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• 100% of Bonitas Tariff for general practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• No limit.</li> <li>• 100% of Bonitas Tariff for general practitioners.</li> </ul>	
D5.1.2	Out of Hospital	Subject to the General Practitioner benefit in D5.1.3 and D5.1.4.	Subject to the General Practitioner Benefit in D5.1.3 and D5.1.4.	
D5.1.3	In Network General Practitioners/Nominated General Practitioners for Primary Select (including virtual consultations)	M : R1 960 M+1: R3 610 M+2: R4 270 M+3: R4 590 M+4+: R5 200	M : R1 960 M+1: R3 610 M+2: R4 270 M+3: R4 590 M+4+: R5 200  Subject to GP Nomination from the GP Network.	On Primary Select, subject to nominating a maximum of two GPs from the GP Network and submitting the claim from the nominated GP.



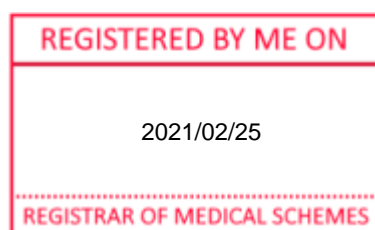

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D5.1.4	Non-Network General Practitioners/Non Nominated, for Primary Select	M : R 635 M+1: R1 200 M+2: R1 360 M+3: R1 530 M+4+: R1 810  Limited to and included in the General Practitioner Network benefit D5.1.3. 30% co-payment applies to non-network GP consultations.	<ul style="list-style-type: none"> <li>Limited to 2 out of area visits per family for non-nominated GPs or non-network GP visits</li> <li>Limited to and included in D5.1.3.</li> <li>30% co-payment applies to non-network GP consultations.</li> </ul>	
D5.1.5	Childhood illness benefit	1 GP consultations per beneficiary between the ages of 2 and 12 years paid from OAL.	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	
D5.2	Medical Specialists (See A3, B3 and B8)			
D5.2.1	In Hospital			
D5.2.1.1	In Specialist Network	<ul style="list-style-type: none"> <li>No limit.</li> <li>130% of Bonitas Tariff. (See Annexure D: 7.3.6).</li> </ul>	<ul style="list-style-type: none"> <li>No limit.</li> <li>130% of Bonitas Tariff (See Annexure D: 7.3.6).</li> </ul>	All consultations and procedures within the specialist network will be paid at the negotiated Tariff, with no co-payment applicable.
D5.2.1.2	Out of Specialist Network	<ul style="list-style-type: none"> <li>No limit</li> <li>100% of the Bonitas Tariff for non-network specialists.</li> </ul>	<ul style="list-style-type: none"> <li>No limit</li> <li>100% of the Bonitas Tariff for non-network specialists.</li> </ul>	All consultations and procedures outside the Specialist Network will be reimbursed up to the Bonitas Tariff. Co-payments are applicable for consultations and procedures charged in excess of the Bonitas Tariff.



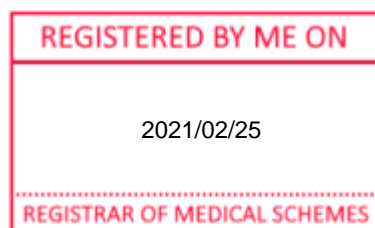

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D6.1.7	Hospitalisation (general anaesthetic) and Moderate/Deep Sedation in the rooms	<ul style="list-style-type: none"> <li>• Co-payment of R3 500 per hospital admission applies for children younger than 5 years and R5 000 for any other admission, including removal of impacted teeth or medical condition.</li> <li>• Subject to pre-authorisation.</li> <li>• Admission protocols apply.</li> <li>• Certain maxillo-facial procedures are covered in hospital.</li> <li>• General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</li> <li>• Multiple hospital admissions are not covered.</li> <li>• General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.</li> <li>• Specific facilities may be contractually excluded and will incur a 30% co-payment, subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>• Co-payment of R3 500 per hospital admission applies for children younger than 5 years and R5 000 for any other admission, including removal of impacted teeth or medical condition.</li> <li>• Subject to pre-authorisation.</li> <li>• Subject to the Primary Select Hospital Network.</li> <li>• 30% co-payment to apply to all voluntary non-network admissions.</li> <li>• Admission protocols apply.</li> <li>• Certain maxillo-facial procedures are covered in hospital.</li> <li>• General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment.</li> <li>• Multiple hospital admissions are not covered.</li> <li>• General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols.</li> </ul>	Pre-authorisation is required for Moderate/Deep Sedation in the rooms and is limited to extensive dental treatment where managed care protocols apply. The co-payment to be waived if the cost of the service falls within the co-payment amount.
D6.1.8	Inhalation Sedation in Dental Rooms	Benefit is subject to managed care protocols. Covered at the BDT.	Benefit is subject to managed care protocols. Covered at the BDT.	
D6.1.9	X-rays	<ul style="list-style-type: none"> <li>• Covered at 100% of the BDT for intra-oral x-rays.</li> <li>• Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100% of the BDT for intra-oral x-rays.</li> <li>• Extra-oral x-rays will be covered at 100% of the BDT subject to 1 in a 3 year period.</li> </ul>	




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D21.2.1	In hospital	<ul style="list-style-type: none"> <li>• R13.710 per family.</li> <li>• R1 500 co-payment applies per scan event, unless PMB or nuclear radio-isotope studies.</li> <li>• The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<ul style="list-style-type: none"> <li>• R13 710 per family.</li> <li>• R1 500 co-payment applies per scan event, unless PMB or nuclear radio-isotope studies.</li> <li>• The co-payment to be waived if the cost of the service falls within the co-payment amount.</li> </ul>	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following:</p> <ul style="list-style-type: none"> <li>• CT scans</li> <li>• MUGA scans</li> <li>• MRI scans</li> <li>• Radio isotope studies</li> <li>• CT colonography (virtual colonoscopy, limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only).</li> <li>• MDCT coronary angiography, limited to one per beneficiary, restricted to the evaluation of symptomatic patients only.</li> </ul> <p>The applicable co-payment to be paid from the day-to-day benefit first.</p>
D21.2.2	Out of hospital	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	See D21.2.1.
D21.3	PET and PET-CT	See D14.1.2.1.	See D14.1.2.1.	
D22	RENAL DIALYSIS CHRONIC (See B3)			




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D23.3.3	Procedures which will attract a R7 840 deductible: <ul style="list-style-type: none"> <li>Nissen Fundoplication (Reflux surgery)</li> <li>Laparoscopic Pyeloplasty</li> <li>Laparoscopic Radical Prostatectomy</li> </ul>	Subject to a R7 840 co-payment per event.	Subject to a R7 840 co-payment per event.	
D23.3.4	Procedures which will attract a R6 000 deductible: Cataract Surgery	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> <li>For the voluntary use of a non-DSP.</li> </ul>	Subject to a R6 000 co-payment per event: <ul style="list-style-type: none"> <li>For the voluntary use of a non-DSP.</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation. The co-payment to be waived if the cost of the service falls within the co-payment amount.
D23.4	Day Surgery Procedures	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R2 200 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	<ul style="list-style-type: none"> <li>Subject to the Day Surgery Network.</li> <li>R4 400 co-payment to apply to all non-network admissions and subject to Regulation 8 (3).</li> </ul>	Subject to the relevant managed healthcare programme and to its prior authorisation and subject to a defined list of procedures. The co-payment to be waived if the cost of the service falls within the co-payment amount.
D24	PREVENTATIVE CARE BENEFIT (See B3)			
D24.1	Women's Health Breast Cancer Screening  Cervical Cancer Screening	<ul style="list-style-type: none"> <li>Mammogram Females age &gt;40 years Once every 2 years.</li> <li>Pap Smear Females 21-65 years Once every 3 years</li> </ul>	<ul style="list-style-type: none"> <li>Mammogram Females age &gt;40 years Once every 2 years.</li> <li>Pap Smear Females 21-65 years Once every 3 years</li> </ul>	
D24.2	Mens Health PSA test	<ul style="list-style-type: none"> <li>Men 45-69 years, 1 per annum.</li> </ul>	<ul style="list-style-type: none"> <li>Men 45-69 years, 1 per annum.</li> </ul>	




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	PRIMARY	PRIMARY SELECT	CONDITIONS/REMARKS SUBJECT TO PMB
D27.1	Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening	<p>Wellness screening:</p> <p>One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</p> <p>Payable from OAL.</p> <p>Limited to</p> <ul style="list-style-type: none"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index</li> <li>• hip to waist ratio</li> <li>• HIV counselling and testing.</li> </ul>	<p>Wellness screening:</p> <p>One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</p> <p>Payable from OAL.</p> <p>Limited to</p> <ul style="list-style-type: none"> <li>• blood pressure test</li> <li>• glucose test</li> <li>• cholesterol test</li> <li>• body mass index</li> <li>• hip to waist ratio.</li> <li>• HIV counselling and testing.</li> </ul>	HIV test is limited to one (1) per beneficiary per annum, either as part of Preventative Care or Health Risk Assessment. See D24.3.
D27.2	Wellness extender	<p>Subject to completion of a Health Risk Assessment per beneficiary.</p> <p>Limited to R1 310 per family for services rendered by:</p> <ul style="list-style-type: none"> <li>• Family practitioner</li> <li>• Dietician</li> <li>• Biokineticist</li> <li>• Physiotherapist</li> <li>• Smoking cessation programme</li> <li>• Basic radiology and</li> <li>• GP referred pathology</li> </ul>	<p>Subject to completion of a Health Risk Assessment per beneficiary.</p> <p>Limited to R1 310 per family for services rendered by:</p> <ul style="list-style-type: none"> <li>• Family practitioner</li> <li>• Dietician</li> <li>• Biokineticist</li> <li>• Physiotherapist</li> <li>• Smoking cessation programme</li> <li>• Basic radiology and</li> <li>• GP preferred pathology</li> </ul>	<ul style="list-style-type: none"> <li>• Child dependants will qualify for the wellness extender benefit once the main member or an adult beneficiary has completed a Health Risk Assessment.</li> <li>• The benefit includes specified general radiology performed by radiologists and radiographers and GP referred pathology services, performed by pathologists.</li> </ul>

